

HEALTH AND MEDICAL AREA COMMAND SITUATION REPORT

PUBLIC HEALTH – SEATTLE & KING COUNTY

REPORT #: 9	OPERATIONAL PERIOD: 11/10/09 – 11/16/09	DATE: 11/13/09	TIME: 15:00
Incident Name/Incident Type: H1N1 Influenza Response and Howard Hanson Dam/Green River Planning		MISSION Numbers	
		H1N1:	09-2887
		Howard Hanson Dam:	09-2821
Locations/Areas Affected: H1N1: King County Howard Hanson Dam/Green River: City of Auburn, City of Kent, City of Renton, City of Tukwila, Unincorporated King County			

HEALTH AND MEDICAL AREA COMMAND CENTER (ACC) STATUS

ACC Activation Status:	ACTIVATED		
Location:	<input checked="" type="checkbox"/> Primary Location <input type="checkbox"/> Alternate Site:		
Hours of Operations:	<input type="checkbox"/> 24 Hour Ops.	<input checked="" type="checkbox"/> Days/Hours: Monday – Friday 8 am – 5pm	<input type="checkbox"/> Off-Hours Emergency Contact 24/7: Public Health Duty Officer

EMERGENCY PROCLAMATION/DECLARATIONS

JURISDICTION	DECLARATION/ PROCLAMATION	DATE DECLARED	COMMENTS
King County Proclamation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Thursday, 9/10/09	The King County Executive proclaimed an emergency regarding potential flooding in the Green River Valley as a result of problems with the Howard Hanson Dam.
Washington State Proclamation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Federal Health Declaration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sunday, 4/26/2009	The Department of Health and Human Services issued a nationwide public health emergency declaration in response to recent human infections with a newly discovered swine influenza A (H1N1) virus.
National Emergency Declaration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Saturday, 10/24/09	The President declared a National Emergency for H1N1 Influenza through the National Emergencies Act, which allows healthcare facilities to petition for Social Security Act Section 1135 waivers for specific needs (i.e. waivers for specific EMTALA, HIPAA or CMS regulations).
Federal Disaster Declaration	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

RESPONSE GOALS

H1N1 RESPONSE GOALS

- Protect the public's health by minimizing the spread of H1N1 influenza in the community.
- Achieve situational awareness about flu activity in King County and impacts on the healthcare system and the broader community.
- Support the informational and medical resource needs of healthcare partners.
- Maintain consistent and timely public information about H1N1 flu and response activities.
- Maximize availability of H1N1 vaccine to protect the public's health.
- Maintain continuity of Public Health operations.

GREEN RIVER RESPONSE GOALS

- Mitigate the impact of flooding to healthcare partners and Public Health sites.
- Establish plans to assist with evacuation and sheltering of the medically fragile.
- Maintain consistent and timely messaging to the public and partners about the threat of the Green River flooding and impacts to the healthcare system.
- Mitigate and monitor the Environmental Health impacts of a flood.

SUMMARY OF EVENT

H1N1 SITUATION IN KING COUNTY

- The daily count of emergency department visits for ILI has decreased from the peak seen in October 2009. However, it is important to interpret this decrease with caution, as data are incomplete.
- The number of reported hospitalizations decreased slightly for week 44 compared to the previous week.
- Two deaths in people confirmed to have 2009 H1N1 were reported during week 44. Both were adult females with underlying health conditions.
- The number of specimens submitted and testing positive for influenza from our outpatient surveillance system has decreased for the past two weeks.
- Local hospital laboratories have reported a decrease in specimens submitted and proportion positive for flu by rapid antigen testing during week 44.
- The proportion of deaths due to pneumonia and influenza has been below the epidemic threshold since mid-September.
- Several long-term care facilities have reported cases of influenza-like illness in their facilities since mid-October.
- School absenteeism has been fairly stable for the last several weeks.

For information on current surveillance and testing guidelines for 2009 H1N1 influenza, see:
<http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu/providers.aspx>.

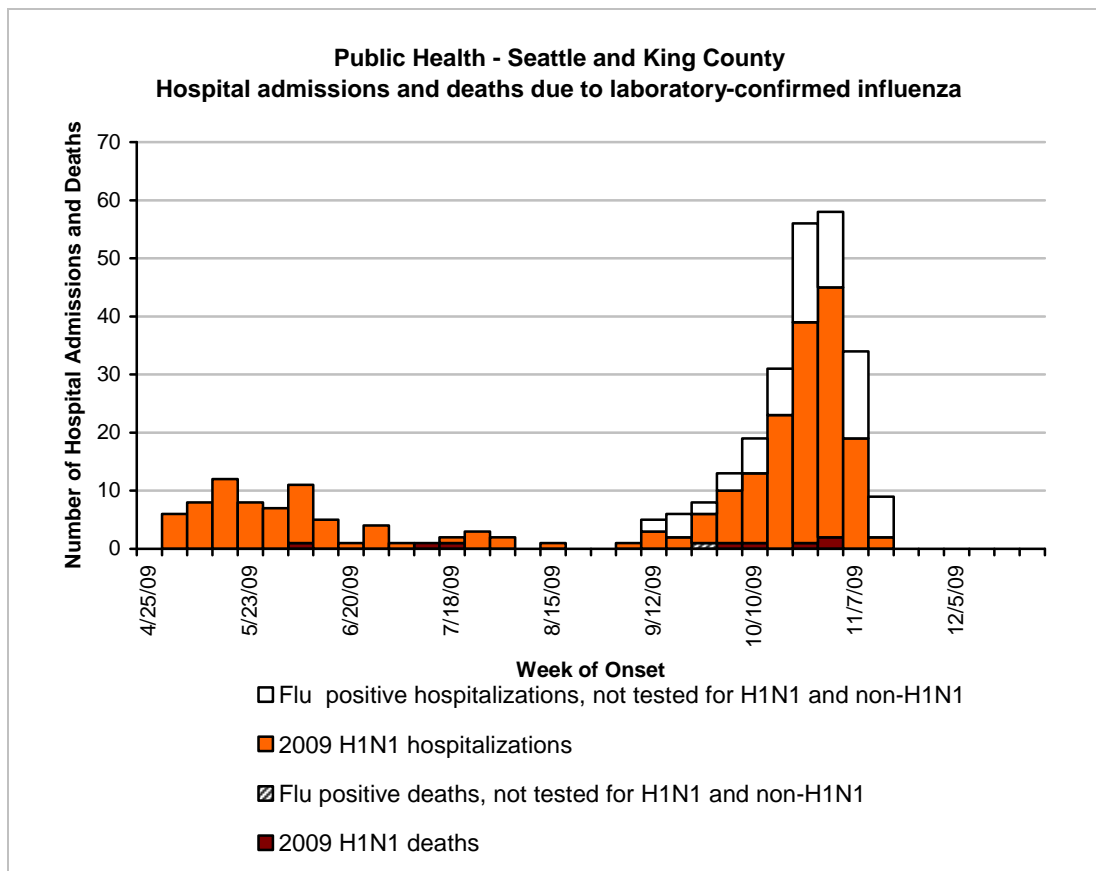
Case Counts – 2009-2010 Flu Season (Updated 11/12/09)

2009-2010 Influenza Season (starting October 5th)

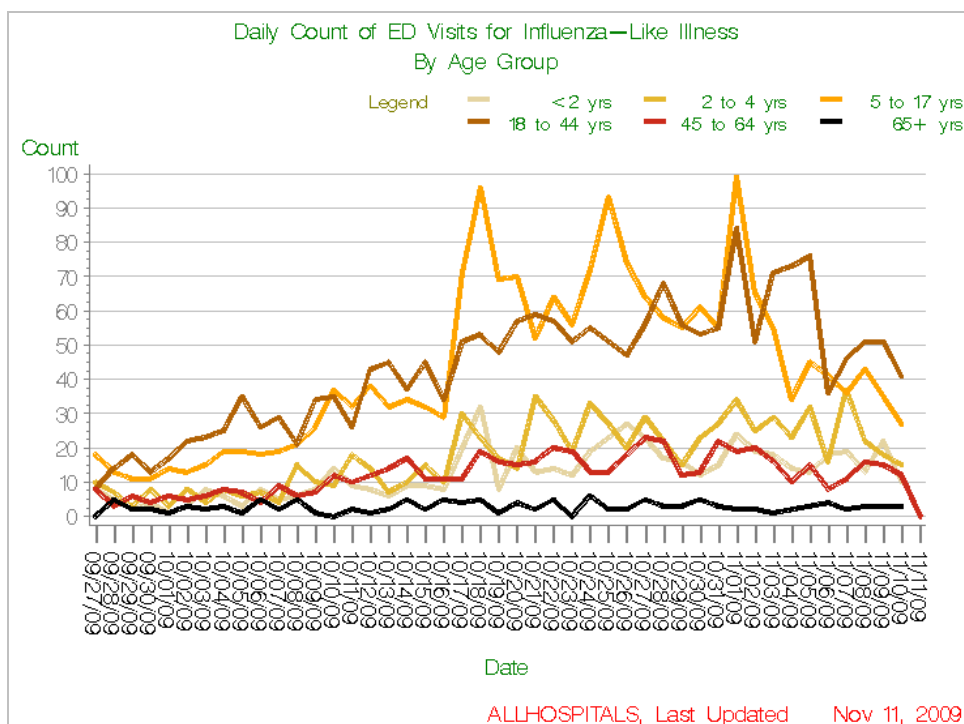
Lab-confirmed 2009 Influenza A H1N1 Hospitalizations	152
Lab-confirmed 2009 Influenza A H1N1 Deaths	5
Lab-confirmed Influenza Hospitalizations, not H1N1 or not tested for H1N1	66
Lab-confirmed Influenza Deaths, not H1N1 or not tested for H1N1	1

2008-2009 Influenza Season (through October 4th)

Lab-confirmed 2009 Influenza A H1N1 Hospitalizations	82
Lab-confirmed 2009 Influenza A H1N1 Deaths	3
Lab-confirmed Influenza Hospitalizations, not H1N1 or not tested for H1N1	12
Lab-confirmed Influenza Deaths, not H1N1 or not tested for H1N1	1



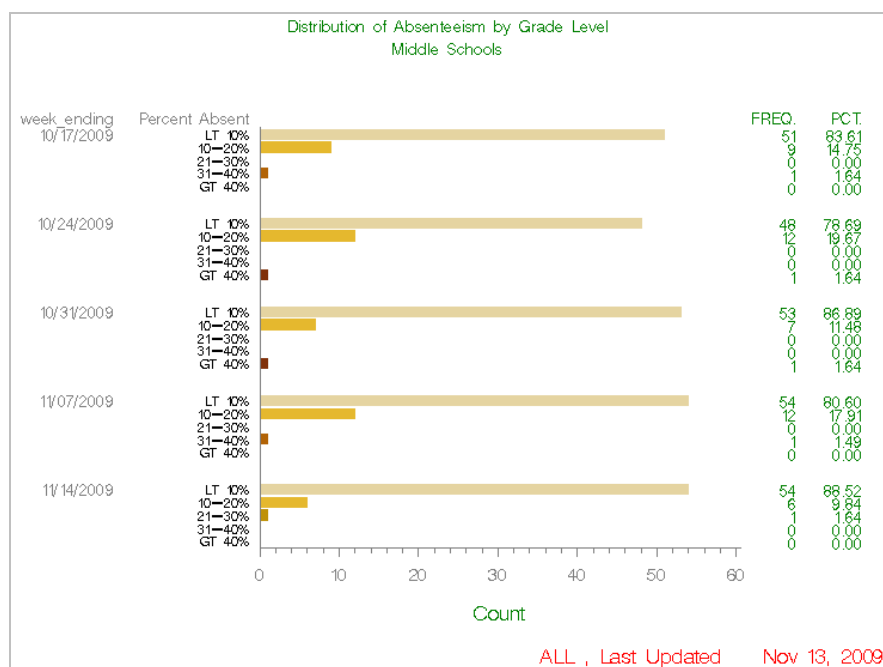
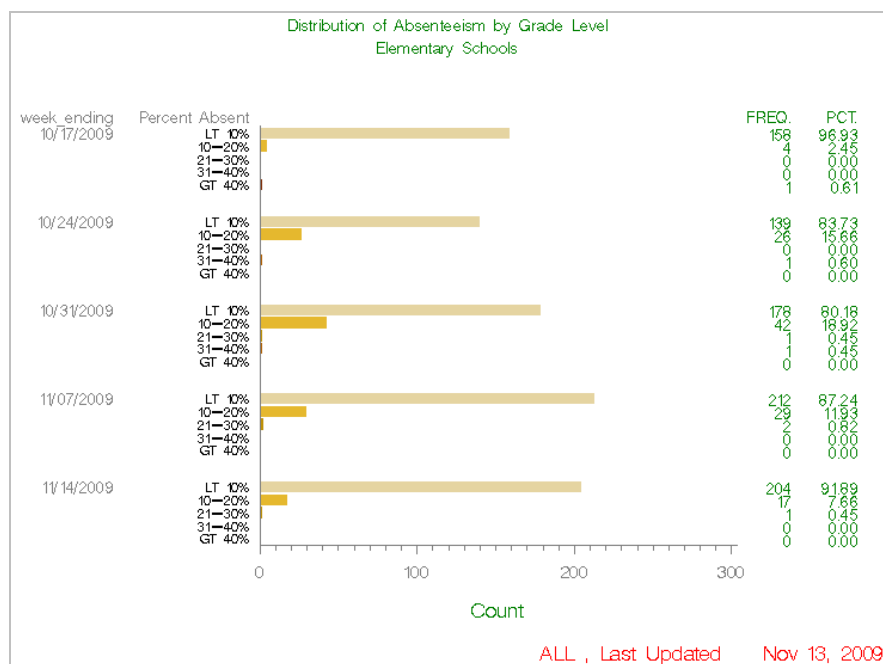
Syndromic Surveillance (updated 11/12/09): The daily count of ED visits for ILI is now similar to the levels seen for the spring 2009 H1N1 outbreak. However, it is important to interpret the reduction in ILI ED visits with caution, as some hospitals have not yet reported their data. The weekly volume of ED ILI visits is currently highest among children aged 5-17 years and adults aged 18-44 years. The count of ED visits has been on a slight downward trend since the beginning of November. The figure below shows daily count of ED visits from the end of September onwards.

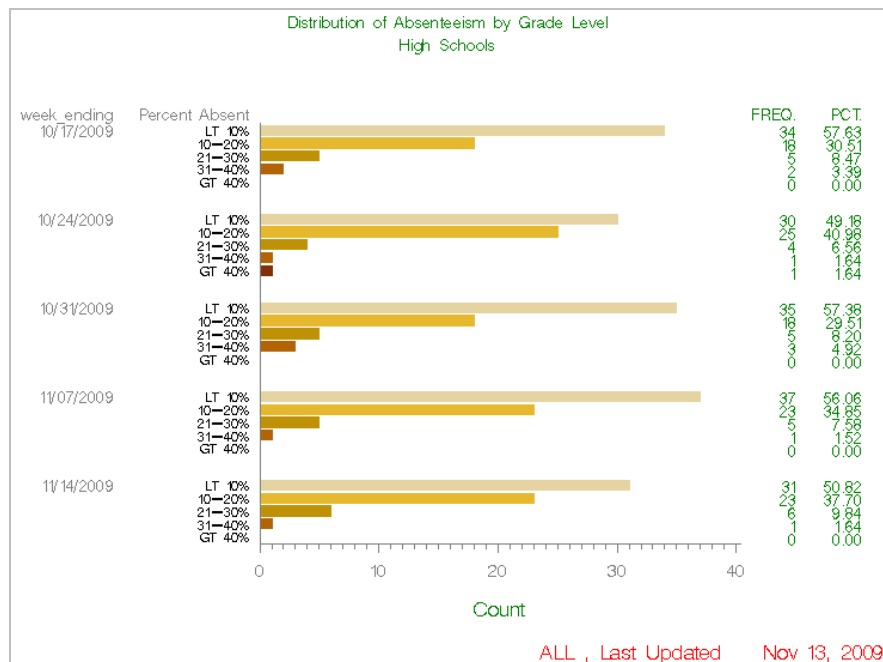


P & I (Pneumonia and Influenza) Deaths (updated 11/12/09): 4.1% of deaths were attributed to pneumonia and influenza during week 44 (national epidemic threshold not yet available). 3.7% of deaths were attributed to pneumonia and influenza during week 43, which was below the national threshold of 6.7%. During the peak of flu season, the national epidemic threshold typically ranges from 7.5 – 8.0%. The last week the national threshold was exceeded was in mid-September (6.4% vs. 6.3%).

Long-term Care Facilities (updated 11/12/09): Public Health has received reports of illness from five long-term care facilities since mid-October. In several instances, illness was limited to one resident, or to staff who did not have patient contact. Two facilities were recommended to initiate antiviral prophylaxis to limit further transmission among residents and staff.

School Absenteeism (updated 11/12/09): Eighteen of 19 King County school districts are reporting absenteeism through our automated system. Historical data allowing examination of trends over time are only currently available for two districts. Overall, absenteeism decreased slightly for week 44 compared to week 43. The proportion of elementary schools with average weekly absenteeism greater than 10% decreased during week 44. Absenteeism has been relatively stable for middle and high schools for the past several weeks.





H1N1 VACCINE

To date, King County has been allocated approximately 257,000 doses of H1N1 vaccine. Approximately 165,000 doses have arrived to providers and the remainder are being processed and shipped. Vaccine continues to be exclusively for individuals in the priority groups. These individuals are encouraged to check with their healthcare provider regarding availability of H1N1 vaccine.

Supply and Allocation Updates: Vaccine Supply and allocation updates are now being posted to our website on Fridays: Please visit www.kingcounty.gov/health/H1N1 for more detailed information.

Pharmacy Information: Pharmacies continue to receive small allocations of vaccine to provide to priority group members. More information about vaccination options at pharmacies, including locations, hours and contact information is available at <http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu/pharmacies.aspx>

MEDICAL RESOURCES

Strategic National Stockpile (SNS) Personal Protective Equipment (PPE)

The final N95 respirator allocation strategy will be presented to the Multi-Agency Coordinating group Friday, November 13th for final decision by Monday, November 16, 2009. Following a decision by the Local Health Officer, we will begin preparing for N95 shipments in coordination with local hospitals.

Pediatric Tamiflu Suspension

Pediatric Tamiflu is in short supply nationally and pharmacies throughout King County are having trouble filling orders with their vendors. Public Health received an addition 1400 pediatric suspension courses this week to bring our regional total up to 2800 courses. We are currently working with hospitals and our community dispensing sites to determine the best strategy for this product to reach patients in the community.

Antiviral Dispensing in the Community

Community dispensing sites are filling antiviral prescriptions at a slightly higher rate than in previous weeks. Oral suspension continues to be the most common request.

PUBLIC HEALTH FLU HOTLINE

The Public Health Flu Hotline is open and staffed with general operators and nurses to answer questions on general health and safety questions about H1N1 influenza, including home care, vaccine safety, and preventative tips. The Hotline provides medical advice and triage from nurses and is now 24/7 with weekends and holidays. During the last week, call volumes have declined by nearly 60% with call volumes averaging around 450 calls per 24 hour period. The Flu Hotline number is 1-877-903-KING (5464).

CURRENT GREEN RIVER SITUATION

Public Health continues to coordinate planning efforts with emergency management offices in the cities of Auburn, Kent, Renton, Tukwila, and King County OEM. PHSKC is working collaboratively to help residents and partners in the valley prepare for the possibility of a flood. Preparedness efforts include business continuity planning, evacuation planning, preparing for an alternate care facility or medical needs shelter, and the possibility of rescue efforts.

HEALTH AND MEDICAL AREA COMMAND – OPERATIONAL OBJECTIVES

H1N1 OBJECTIVES

1. Maintain situational awareness regarding flu activity and impacts on the healthcare system and broader community.
2. Operate the Public Health Call Center to manage questions from providers and the public.
3. Maintain pharmacy distribution systems and evaluate options for H1N1 vaccine re-supply.
4. Allocate N95 personal Protective Equipment to hospitals and finalize plans for allocating surgical masks.

GREEN RIVER OBJECTIVES

1. Monitor Green River flood threat.
2. Finalize medical evacuation and Medical Needs Shelter plans.
3. Increase the call capacity for Environmental Health in PHSKC.
4. Finalize public outreach communication materials.

MAJOR ACTIONS

H1N1 MAJOR ACTIONS

- Ongoing influenza surveillance
- Distribution of Tamiflu® pediatric oral suspension
- Hosting reoccurring conference calls with regional pharmacies regarding commercial availability of Tamiflu® supplies
- Operating Public Health Flu Hotline with general operators and nurses to answer H1N1 influenza questions with expanded nurse line service beginning this weekend.
- Developing communication materials and addressing media inquiries regarding H1N1 vaccine delivery
- Managing allocation of available H1N1 vaccine formulations
- Developing allocation plan for PPE that will be received from Strategic National Stockpile
- Collecting and analyzing H1N1 Healthcare Report

GREEN RIVER MAJOR ACTIONS

- Completed draft Transportation and Evacuation of Medically Fragile Plan, in collaboration with King County Metro
- Identified 5 locations for medical needs shelters; 2 primary locations, 3 back up locations
- Finalizing plans for clinic support at community shelters, to provide medical screening, over-the-counter medications and prescription writing.

ESF-8 SITUATION STATUS REPORT – H1N1

Prepared by: Allison Schletzbaum, Situation Unit

Approved for Distribution:



Date: 11/13/09

Area Commander: Michael Loehr